ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA

CERTIFICATE NO. __- 110 -

} ss

County of Maricopa

DOCKET NO. EMS 3114

THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. § 36-2232 et seq and Pursuant to Department of Health Services rules, that public necessity requires the operation of

ARROWHEAD MOBILE HEALTHCARE, INC. dba SHOW LOW EMS

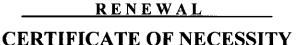
ground ALS and BLS ambulance service in the State of Arizona for the transportation of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the following service area, with the following central operations station and response times:

1. Service Area:

- 1. All of the City of Show Low; and
- 2. All of the area within the legal geographical boundaries of the Show Low Fire District; and
- 3. Any additional area described as follows:

Beginning at the northeast corner of Section 12, Township 11 North, Range 23 East, proceed in a westerly direction to the northwest corner of Section 8, Township 11 North, Range 22 East, then proceed in a southerly direction to the northwest corner of Section 17, Township 11 North, Range 22 East, then proceed in a westerly direction to the northeast corner of Section 16, Township 11 North, Range 20 East, then proceed in a northerly direction to the northeast corner of Section 4, Township 11 North, Range 20 East, then proceed in a westerly direction to the northwest corner of Section 3, Township 11 North, Range 19 East, then proceed in a southerly direction to the southwest corner of Section 3, Township 11 North, Range 19 East, then proceed in an easterly direction to the northwest corner of the northeast one quarter of Section 10, Township 11 North, Range 19 East, then proceed in a southerly direction to the southwest corner of the southeast one quarter of Section 22, Township 11 North, Range 19 East, then proceed in a westerly direction to the northwest corner of Section 27, Township 11 North, Range 19

Now, therefore, by virtue of the authority vested in the Arizona department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this



authorizing the operation of the aforesaid ambulance service for a period ending _____February 28, 2011 for cause sooner amended, suspended, revoked or terminated subject to the decisions and orders, and rules of the Department.

PROVIDED, that this certificate shall not be assigned nor transferred unless authorized by the Arizona Department of Health Services.



BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN WITNESS WHEREOF, I SUSAN GERARD the Director of the Arizona Department of Health Services, have hereunto set my hand and caused the official seal of the Arizona Department of Health Services to be affixed at Phoenix, Arizona on

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East, then proceed in a southerly direction to the southwest corner of Section 34, Township 10 North, Range 19 East, then proceed in an easterly direction to the southwest corner of Section 31, Township 10 North, Range 21 East, then proceed in a southerly direction to the southwest corner of Section 31, Township 9 North, Range 21 East, then proceed in a westerly direction to the northwest corner of Section 6, Township 8 North, Range 21 East, then proceed in a southerly direction to the southwest corner of Section 6, Township 8 North, Range 21 East, then proceed in an easterly direction to the southeast corner of Section 6, Township 8 North, Range 22 East, then proceed in a northerly direction to the northeast corner Section 6, Township 8 North, Range 22 East, then proceed in an easterly direction to the southeast corner of Section 31, Township 9 North, Range 22 East, then proceed in a northerly direction to the southeast corner of Section 6, Township 9 North, Range 22 East, then proceed in an easterly direction to the Southeast corner of the west half of Section 2, Township 9 North, Range 22 East, then proceed in a northerly direction to the northeast corner of the west half of Section 2, Township 9 North, Range 22 East, then proceed in an easterly direction to the southeast corner of Section 36, Township 10 North, Range 22 East, then proceed in a northerly direction to the southeast corner of Section 25, Township 10 North, Range 22 East, then proceed in an easterly direction to the southeast corner of section 28, Township 10 North, Range 24 East, then proceed in a northerly direction to the northeast corner of Section 9, Township 10 North, Range 24 East, then proceed in a westerly direction to the northeast corner of Section 12, Township 10 North, Range 23 East, then proceed in a northerly direction to the northeast corner of Section 12, Township 11 North, Range 23 East, of the Gila and Salt River Base and Meridian, the point of beginning. And

- 4. An additional area described as: beginning at the point where U.S. Highway 60 intersects Section 5, Township 8 North, Range 21 East of the Gila and Salt River Base and Meridian, proceed in a southwesterly direction to milepost 320 AND an additional area extending one mile outward from each side of U.S. Highway 60.
- 5. Service area does not include any area in Section 9, Township 9 North, Range 22 East of the Gila and Salt River Base and Meridian that lies within the legal geographical boundaries of the Lakeside Fire District.

CERTIFICATE OF NECESSITY

(CONTINUATION PAGE ONE)

ISSUED	12/4/07
EXPIRES	February 28, 2011

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ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA		CERTIFICATE NO 110 -
} ss County of Maricopa		DOCKET NO. EMS 3114
2. Central Operating Station:	Show Low, Arizona	
3. Response Times:		
	nty-five (75) percent of all ambulance	calls.
b. Fifteen (15) minutes on r	ninety (90) percent of all ambulance ca	lls.
- · · · · · · · · · · · · · · · · · · ·	ne hundred (100) percent of all ambulo	
exceeded on calls outside County standards.	of the City of Show Low on unimprov	ed roads not maintained to minimum
County sunaurus.		
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ISSUED 12/4/57		

EXPIRES February 28, 2011